

☐ INDIVIDUAL☐ GROUP**RECOMMENDATION FOR RECOGNITION**

| | |
|--|---------------------------|
| 1. NAME OF EMPLOYEE | 2. SOCIAL SECURITY NUMBER |
| 3. ORGANIZATION | 4. APPROPRIATION CODE |
| | 5. PERIOD OF RECOGNITION |
| 6. TYPE AND AMOUNT OF RECOGNITION: (Guidance available on reverse side, see Item 7.) <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> SPECIAL ACT OR SERVICE AWARD \$ _____<input type="checkbox"/> SPECIAL OPERATING UNIT AWARD _____CASH \$ _____</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> CASH-IN-A-FLASH (CIAF) (<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 TOTAL YEAR-TO-DATE _____)(Does not include amount)</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> \$300 <input type="checkbox"/> \$350 <input type="checkbox"/> \$400 <input type="checkbox"/> \$450 <input type="checkbox"/> \$500)</div> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> ON-THE-SPOT AWARD (OTS) - ITEM _____<input type="checkbox"/> TIME OFF AWARD - NUMBER OF HOURS _____</div> | |
| 7. ESTIMATED FIRST-YEAR BENEFITS (For Special Act or Service Awards ONLY) <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> TANGIBLE \$ _____<input type="checkbox"/> INTANGIBLE BENEFITS (Check one box on each line.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;"><input type="checkbox"/> MODERATE <input type="checkbox"/> LIMITED</div><div style="text-align: center;"><input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> EXTENDED</div><div style="text-align: center;"><input type="checkbox"/> HIGH <input type="checkbox"/> BROAD</div><div style="text-align: center;"><input type="checkbox"/> EXCEPTIONAL <input type="checkbox"/> GENERAL</div></div> | |
| 8. NARRATIVE (If you need additional space, attach another sheet. Please print or type.) | |
| TYPE NAME AND SIGN: | |
| 9. IMMEDIATE SUPERVISOR | DATE |
| 10. REVIEWING OFFICIAL (If required) | DATE |
| 11. APPROVING OFFICIAL (If required) | DATE |
| 12. HUMAN RESOURCES OFFICE REPRESENTATIVE (If required) | DATE |
| 13. IMPREST FUND CASHIER (<i>Cash-in-a-Flash Award</i> ONLY) | DATE |
| 14. EMPLOYEE/RECEIPT OF CASH (<i>Cash-in-a-Flash Award</i> ONLY) | DATE |

Provide a copy as follows:

Servicing Human Resources Office & Originating Office - **ALL AWARDS**
Finance Office - **CASH-IN-A-FLASH & ON-THE-SPOT AWARDS**Imprest Fund Cashier - **CASH-IN-A-FLASH AWARD**
Inventory Control - **ON-THE-SPOT AWARD**

INSTRUCTIONS AND DEFINITIONS

- Name of Employee(s)** - If it is a group award, put "See Attached List" in **this** Block (and **Blocks 2, 3, and 4**) and in the cash award amount part of **Block 6** and attach a separate sheet of paper with the information from **Blocks 2, 3, 4, and 6** for each nominee.
- Period of Recognition** - (*Does not apply to On-the-Spot Awards*). The period of time in which the contribution was made. For Cash-in-a-Flash Awards, this may be as little as one hour or one day.
- Type and Amount of Recognition** - Use this form **ONLY** for the types of awards indicated.
- Estimated First-Year Benefits** - (*For Special Act or Service Awards ONLY*). To calculate the estimated first-year benefits, you may use the scales listed below.

SCALE FOR COMPUTING AWARDS FOR TANGIBLE BENEFITS

| If the amount of the benefit is | then the amount of the award is |
|---------------------------------|---|
| less than \$250 | no cash award. |
| \$250 - \$10,000 | 10% of benefits. |
| \$10,001 - \$100,000 | \$1,000 plus 3% to 10% of benefits over \$10,000. |
| \$100,000 or more | \$3,700 to \$10,000 for the first \$100,000 plus 0.5% to 1% of benefits over \$100,000. |

- Notes:**
- Round off the amount of awards and benefits to the nearest \$1.
 - Awards are based on estimated first-year benefits.
 - Presidential approval is required for awards more than \$25,000.

SCALE FOR COMPUTING AWARDS FOR INTANGIBLE BENEFITS

STEP 1 If the contribution affects functions, mission, or personnel of

| | |
|-----------------|---|
| Limited | One office or facility. |
| Extended | Several offices, facilities, locations, or an Area Service Center (ASC). |
| Broad | All ASCs or an operating unit of the Department. |
| General | Several operating units, The Department, or in the public interest of the nation. |

AND

STEP 2 The Benefit is

| | |
|--------------------|--|
| Moderate | A change which has rather limited impact. |
| Substantial | Significant change in a policy, procedure, or service. |
| High | Complete revision of a policy, procedure, or service. |
| Exceptional | Initiation of a new policy or major procedure, or service. |

THEN

STEP 3 The Award amount is

| | Limited | Extended | Broad | General |
|--------------------|-----------------|-------------------|-------------------|--------------------|
| Moderate | \$25 - \$125 | \$125 - \$325 | \$325 - \$650 | \$650 - \$1,300 |
| Substantial | \$125 - \$325 | \$325 - \$650 | \$650 - \$1,300 | \$1,300 - \$3,150 |
| High | \$325 - \$650 | \$650 - \$1,300 | \$1,300 - \$3,150 | \$3,150 - \$6,300 |
| Exceptional | \$650 - \$1,300 | \$1,300 - \$3,150 | \$3,150 - \$6,300 | \$6,300 - \$10,000 |

NOTES: An award from \$10,001 to \$25,000 may be granted only with approval of OPM. An award above \$25,000 may be granted only with approval of the President.

- Narrative** - The narrative must be brief and to the point. Describe in concise, non-bureaucratic language what the employee did to deserve this award. The narrative must address the specific award criteria. Cite specific examples to clearly support the nomination.
- Imprest Fund Cashier** - (*For Cash-in-a-Flash Awards ONLY*). The imprest fund cashier must sign documenting the disbursement of the cash payment.
- Employee/Receipt of Cash** - (*For Cash-in-a-Flash Awards ONLY*). The awardee must sign this form after he or she has been presented the cash payment. The date the employee receives the cash payment is the EFFECTIVE DATE.

